

**IN THE UNITED STATES PATENT  
AND TRADEMARK OFFICE**

Applicant:	) I hereby certify that this paper is
<b>BARNETT, et al.</b>	) being deposited electronically
	) with the United States Patent and
Serial No.: 10/805,928	) Trademark Office, on this date:
	)
For: WRITE CURRENT	) <b>Date: September 13, 2007</b>
WAVEFORM ASYMMETRY	)
COMPENSATION	) <u>/Mark C. Zimmerman/</u>
	) Mark C. Zimmerman
Filed: March 22, 2004	) Registration No. 44,006
	) Attorney for Applicants
Group Art Unit: 2627	)
	)
Examiner: Daniell L. Negron	)
	)
	)
	)

**AMENDMENT TRANSMITTAL WITH  
PETITION FOR EXTENSION OF TIME**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office action pending in the above application.

**1. Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established and is still effective.
- ☐ Has not been established.

**2. Extension of Time**

- ☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month		\$120.00		\$60.00
Two Months		\$450.00		\$225.00
Three Months	\$1020.00	\$1020.00		\$510.00
Four Months		\$1,590.00		\$795.00
Fifth Month		\$2,160.00		\$1,080.00

**If an additional Extension of Time is required, please consider this a petition therefor.**

Extension Fee: \$1020.00

- ☐ An extension for \_\_\_\_\_ month(s) has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$ \_\_\_\_\_

**Extension Fee Due With This Request \$1020.00**

### 3. Fee for Claims

- ☒ The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	19	MINUS	20	= 0	x25=	\$	x50=	\$0
INDEP.	3	MINUS	3	= 0	x100=	\$	x200=	\$0
First Presentation of Multiple Dependent Claim					+180=	\$	+360=	\$0
TOTAL ADDITIONAL FEE					\$		OR	\$0

### 4. Method of Payment of Fees

- ☐ Attached is a check in the amount of: \$
- ☒ Charge Deposit Account No. 20-0668 in the amount of: **\$1020.00**

A copy of this Transmittal is enclosed.

### 5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 20-0668.

Please refund any overpayment to Deposit Account No. 20-0668.

Respectfully submitted,

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By: /Mark C. Zimmerman/  
Mark C. Zimmerman  
Registration No.: 44,006

September 13, 2007